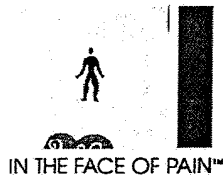


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Exhibit 220



PAIN ADVOCACY COMMUNITY

AN E-NEWSLETTER CONNECTING ORGANIZATIONS AND HEALTHCARE PROFESSIONALS WHO CARE

December 2003

Volume 03-23

WELCOME BACK TO PAIN ADVOCACY COMMUNITY

We would like to feature upcoming events related to hearings, meetings or debates on pending or contemplated regulations or legislation—so help us help you. If you would like us to invite others to participate in or collaborate on your upcoming projects, make others aware of resources that may be helpful to their constituents, or acknowledge a job well done, please e-mail us at: patientadvocacy@pharma.com.

Feel free to share this newsletter with other concerned healthcare professionals or organizations.

TOPICS FOR DECEMBER 2003:

In The Spotlight

- Pain In Europe Survey

Key To Action

- American Alliance of Cancer Pain Initiatives (AACPI) focuses on Removing Regulatory Barriers for Healthcare Professionals

Chatter

- American Medical Association (AMA) provides position on Pain Management

From The Canadian Advocacy Toolbox

- Canadian Pain Society Reports on Pain Prevalence in Canada

Web Resources

- International Pain Advocacy

➤ [Click here if you wish to be removed from the E-newsletter list](#)

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PAIN IN EUROPE



During the European Week Against Pain, October 12-19, 2003, the NFO WorldGroup, one of the world's leading providers of research-based marketing information¹, revealed the results from the largest and most in depth European chronic pain study. Over 46,000 people were interviewed in this study, which was conducted in 16 countries.

The study found that Europe's 75⁺ million pain sufferers live in chronic pain for more than seven years – but a fifth live with this agony for 20 years or more without getting the pain relief they need. The study also found that 21% of those suffering with chronic pain had been diagnosed with depression as a result of their pain.

Key results from the study state that *pain* is:

A Widespread Problem

Pain is a devastating and widespread problem in Europe.

- Chronic pain strikes one in five (19%) adults across Europe.
 - Prevalence is highest in Norway, Poland and Italy, where just over one in four adults report suffering from chronic pain.
 - Prevalence is lowest in Spain, even so more than one in ten (11%) suffers from chronic pain.
- Over one-third of European households have at least one pain sufferer (chronic or otherwise).

Real Pain

- Two-thirds of chronic pain sufferers experience moderate pain, while one-third experience severe pain (as rated on a 1-10 scale).

A Long Term Problem

- Europeans with chronic pain have been suffering on average for 7 years, some for even longer than 20 (21%).
- A third of people are suffering chronic pain at all times – 24 hours a day, 365 days a year.
- A third of sufferers were so weighed down with pain that they didn't feel they could tolerate any worse.

Impacts One's Quality of Life

Untreated chronic pain can leave sufferers' lives in ruins – impacting their work and families, and, in over 20% of those cases, causing depression.

- One in five chronic pain sufferers have lost a job as a result of their pain.
- Those employed were forced to take more than 15 days off work every year because of the pain.
- One in five chronic pain sufferers have been diagnosed with depression as a result of their pain
 - Spain has the highest rate of depression (29%) as a result of pain, followed by Norway (28%). The lowest rate is in Denmark (11%).
- Over 40% of sufferers report feelings of helplessness or inability to think or function normally.
- The problem of social isolation seems most acute in France where the greatest number of sufferers (39%) felt unable to discuss their pain with other people.

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Evokes Desires for Death

- Over one in six European chronic pain sufferers feel their pain is sometimes so bad they want to die.

An Affecter of Doctor / Patient relationships

Despite advances in the management of chronic pain, many patients still suffer unnecessarily due to inadequate evaluation, assessment and monitoring.

- 62% of European patients are satisfied with the doctor who treats their pain. Satisfaction with doctors was highest in Belgium (78%) and lowest in Poland, where only 20% of the people were “extremely” or “very satisfied”.
- And yet almost two-thirds report that their medication is inadequate at times and only one in ten have been evaluated on a pain scale.
- Only 23% have ever been to a pain management specialist.
- 43% of chronic pain sufferers believe that their physicians are more focused on their illness than their pain.

Additional results from the survey state:

Doctors Not “Proactive” Enough

Despite patients reporting high satisfaction with doctors, more detailed questioning revealed:

- Only 23% have ever been seen by a specific pain management specialist and only one in ten have been evaluated using pain scales.
- One-third of patients believe their doctor doesn’t know how to control their pain.
- Over one-quarter claim their doctor only rarely evaluates their pain symptoms.

Treatment of Pain

Chronic pain sufferers report that there is considerable room for improvement in the effectiveness of pain treatments.

- Almost two-thirds of chronic pain sufferers report that their pain control is inadequate at times.
- Over two-fifths have switched to more powerful medications.
- Over two-thirds are prepared to try out new medications.

Poorly Informed Patients

Nearly a third of patients claim they haven’t been informed about new methods to better manage their pain. The survey revealed two possible explanations:

- 65% of patients only see one to two doctors, with 70% of these doctors being GPs who are generalists who haven’t specialized in pain management.
- 72% of patients receive their information about pain treatments from TV, magazines and newspapers, compared to only 5% who actively sought it out from the internet

Below are some slides from the study, which provide a perspective on the results by country. The full survey is available in detail at the virtual press office, which can be accessed by logging onto www.painineurope.com.

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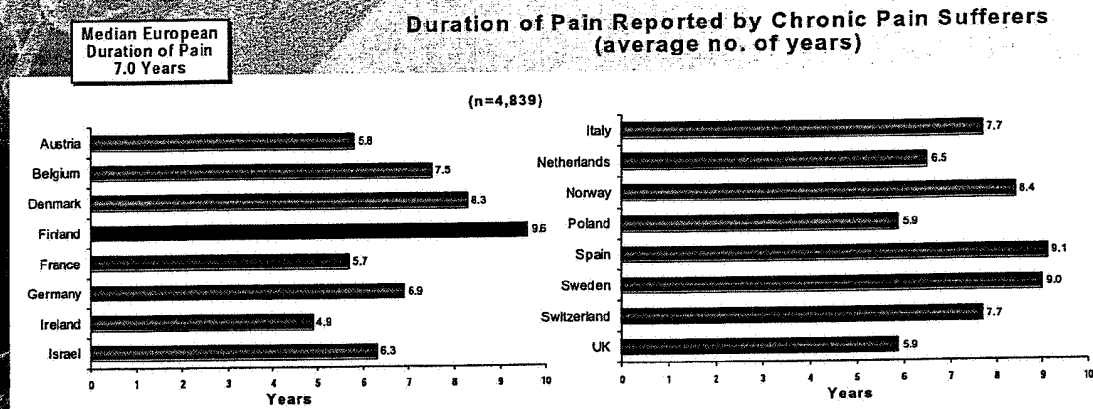
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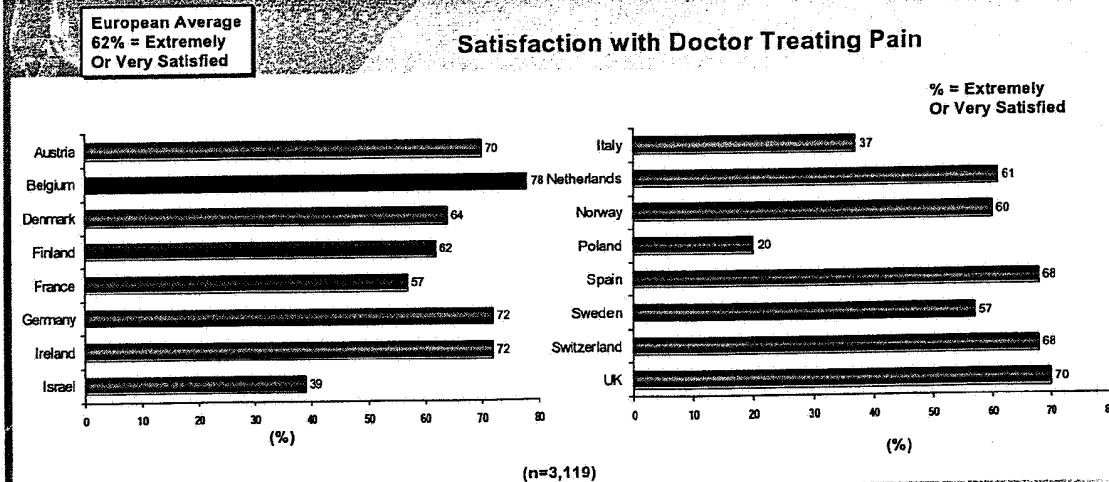
Patients Forced to Live in Pain for Many Years



NOTE: Column One countries from top to bottom are: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, and Israel. Column Two countries, from top to bottom are: Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the UK. The scale is a ten-year scale with Finland, in blue, showing 9.6 years.



Satisfaction with doctors



NOTE: Column One countries from top to bottom are: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, and Israel. Column Two countries, from top to bottom are: Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the UK. The scale goes from zero (0) to eighty (80) in increments of ten; Belgium in blue, is listed at 78% satisfaction.

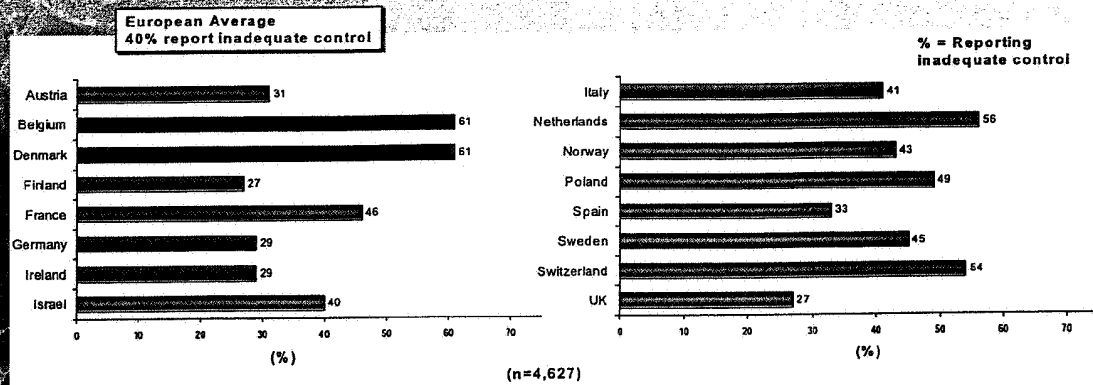
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Pain is inadequately controlled for many



Source: Q34. Would you say your pain is being adequately controlled?

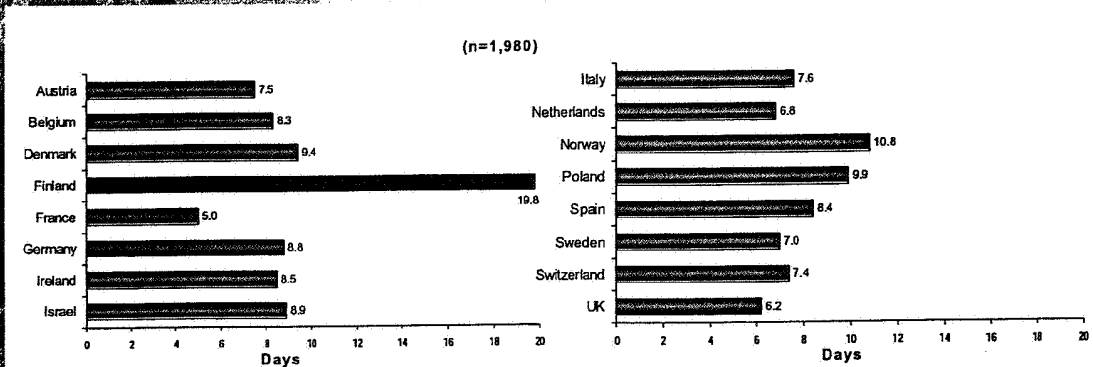
NOTE: Column One countries from top to bottom are: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, and Israel. Column Two countries, from top to bottom are: Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the UK. The scale goes from zero (0) to seventy (70) in increments of ten; Belgium and Denmark are both listed with 61%.



Impact on Employment

European Mean Time Lost From Work Due to Pain in the Past 6 Months (n=1,980)
7.8 Days

Mean Time Lost From Work Due to Pain in the Past 6 Months



Source: Q39. In the past six months, how many days in total have you lost from work because of your pain?

NOTE: Column One countries from top to bottom are: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, and Israel. Column Two countries, from top to bottom are: Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the UK. The scale goes from zero (0) to twenty (20) in increments of two; Finland, in blue, is listed at 19.8%.

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KEY TO ACTION



**American Alliance of Cancer Pain Initiatives (AACPI)
Focuses on Removing Barriers for Healthcare
Professionals**

The American Alliance of Cancer Pain Initiatives (AACPI) Statement on Intractable Pain Treatment Acts (IPTA)

The AACPI, as part of its mission to ensure that individuals with cancer receive appropriate pain management, has created IPTA statements to assist advocates in reducing or minimizing the barriers that prevent individuals from receiving optimal care.

Healthcare professionals in many states perceive that regulatory boards and law enforcement agencies are overzealous in disciplining practitioners who use opioids to treat pain. As a consequence, advocates for pain management have promoted the adoption of legislation designed to protect physicians who treat patients with “intractable pain.” These statutes, known collectively as Intractable Pain Treatment Acts (IPTAs) have, to date, been adopted by 12 states.ⁱⁱ One state, New Mexico, has adopted a similar statute, which is known as a Pain Relief Act.

In recent years, there has been a significant increase in the numbers of statutes, regulations, and guidelines related to pain management. Nevertheless, there continues to be a perception in some states, that healthcare professionals need even greater protection from disciplinary actions and as a result a renewed interest in IPTA legislation. While these statutes are intended to protect physicians from inappropriate disciplinary actions they often contain features that are problematic.^{iii, iv}

In general, the AACPI strongly encourages individual State Pain Initiatives to use the legislative process very judiciously. In most cases, public policy barriers to good pain management can be overcome more efficiently and effectively by working closely with regulatory and licensing agencies within the various states. The legislative process, while powerful and enduring, presents the opportunity for a vast array of unintended consequences over which pain management advocates may have very little influence.

Although the intended goal of IPTA legislation is laudable, the AACPI strongly recommends that State Pain Initiatives and pain advocates pursue non-legislative alternatives in order to achieve the goal of protecting healthcare professionals. For example, State Pain Initiatives should work with state health professional licensing boards, public officials, and law enforcement agencies to promote adoption of the Federation of State Medical Boards’ Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, to engage in jointly sponsored educational sessions, to improve communication between health care professionals and state regulatory boards and agencies. Working directly with the state authorities from whom IPTAs attempt to protect physicians is likely to be a much more fruitful and effective strategy.

For additional information, log on to: <http://www.aacpi.wisc.edu/regulatory/regulatoryv.html> and look for AACPI statement on Intractable Pain Acts.

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CHATTER

THE AMERICAN MEDICAL ASSOCIATION (AMA) PROVIDES POSITION ON PAIN MANAGEMENT



Note: Picture taken from the AMA website: www.ama-assn.org

The AMA states that unbalanced and misleading media coverage on the abuse of opioid analgesics not only perpetuates misconceptions about pain management; it compromises the access to adequate pain relief sought by over 50 million Americans living with pain.

In the past several years, there has been growing recognition on the part of health care providers, government regulators, and the public that the under treatment of pain is a major societal problem. Pain of all types is under treated in our society. The pediatric and geriatric populations are especially at risk for under treatment. Physicians' fears of using opioid therapy, and the fears of other health professionals, contribute to the barriers to effective pain management.

Additionally, the AMA supports the Federation of State Medical Boards' Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, which encourages adequate pain management and addresses physician concerns about disciplinary actions by medical boards, as well as the policies and guidelines of the American Pain Society, the American Academy of Pain Medicine, the American Geriatric Society, and the American Society for Addiction Medicine, which support the appropriate use of opioid analgesics for pain management.

The AMA is committed to the goal of protecting the legitimate use of prescription drugs for patients in pain. Education is the best medicine. To this end, the AMA has created a national Pain Management CME program for physicians to address many of these issues. The review board for this activity consists of expert reviewers from 16 medical specialty societies and other professional health care organizations.

Preventing drug abuse is remains an important societal goal—it should not hinder patient's ability to receive the care they need and deserve or discourage physicians from prescribing pain medications when medically appropriate.

For the complete AMA position statement, log on to: www.ama-assn.org

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FROM THE CANADIAN ADVOCACY TOOLBOX

CANADIAN PAIN SOCIETY (CPS) REPORTS ON PREVALENCE OF SELF-REPORTED PAIN IN CANADA

The Canadian Pain Society (CPS) reported, in its Autumn 2003 journal¹, that pain is an important public health problem in Canada. International estimates of general population pain prevalence range from 2% to 46%. The following is an excerpt from the CPS' abstract:

METHOD OF SURVEY: Two of the secondary data sets used were the 1996/97 National Population and Health Survey (NPHS) and the Canadian Multicentre Osteoporosis Study (CaMos). This paper is based on the assessment of chronic pain in the NPHS, and the assessment of short term pain using the Medical Outcomes Trust's 36-item health survey and the Health Utilities Index, both collected by CaMos. Data are presented as frequencies and percentages overall and stratified by age and sex. CaMos prevalence estimates were age- and sex-standardized to the NPHS population.

RESULTS: The overall prevalence of pain was 39% for one-week pain, 66% for four-week pain and 15% for chronic pain. Women were more likely to report pain than men and the prevalence of pain increased with age.

CONCLUSIONS: This study yields useful information about the self-reported responses to a variety of questions assessing pain in the general population. Responses to the different questions likely represent different categories of pain, such as short term versus chronic pain, which in turn may have different epidemiological risk factors and profiles. Longitudinal studies of the epidemiology, predictors and natural history of chronic pain are urgently needed in the Canadian population.

To read the full study, log on to www.canadianpainsociety.ca

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WEBRESOURCES

INTERNATIONAL PAIN ORGANIZATIONS

International Association for the Study of Pain (IASP)
<http://www.iasp-pain.org>

IASP Chapters:

Argentina - <http://www.aaed.com.ar>

Australia - <http://www.apsoc.org.au>

Austria - <http://www.oesg.at>

Belgium - www.belgianpainsociety.org

Brazil - <http://www.dor.org.br>

Canada - <http://www.canadianpainsociety.ca>

Chile - <http://www.ached.cl>

China (People's Republic of China) - <http://www.casp.org.cn>

China (Taiwan) - <http://www.pain.org.tw>

Colombia - <http://www.linemed.com/colombia/fedelat>

Croatia - www.hdlb.org

Estonia - www.valu.ee

France - <http://www.setd-douleur.org>

Germany - <http://www.dgss.org>

Great Britain - <http://www.painsociety.org>

Greece - <http://users.otenet.gr/~pain/>

Israel - <http://www.ipa.org.il>

Italy - www.aisd.it

Mexico - www.ametd.org.mx

Netherlands - www.swvp.nl

New Zealand - <http://www.nzps.org.nz>

Pakistan - <http://come.to/painclinic>

Peru - <http://www.asped.org.pe>

Scandinavia - <http://www.sasp.org>

Singapore - <http://www.pain.org.sg>

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Slovakia - <http://www.pain.sk>

Slovenia - <http://www.szzb.cjb.net>

Southern Africa - www.pain-management.co.za

Spain - <http://www.sedolor.es>

Thailand - <http://www.thaiiasp.com>

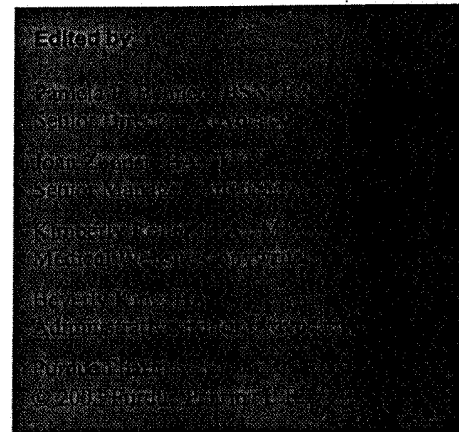
Turkey - www.algoloji.org.tr

USA - <http://www.ampainsoc.org>

Venezuela - <http://www.aved.org.ve>

World Health Organization
<http://www.who.int/en/>

International Association for Hospice and Palliative Care
<http://www.hospicecare.com/>



ⁱ About NFO Worldgroup, <http://www.nfow.com>

ⁱⁱ University of Wisconsin Pain and Policy Studies Group (2003). Database of State Laws, Regulations, and Other Official Governmental Policies. Retrieved June 4, 2003, from <http://www.medsch.wisc.edu/painpolicy/matrix.htm>

ⁱⁱⁱ Joranson DE, Gilson AM. (1997). State intractable pain policy: Current status. APS Bulletin, 7:7-9

^{iv} Joranson DE, Gilson AM, Ryan KM, Maurer MA, Nischik JA, Nelson JM. (2000). Achieving Balance in Federal and State Pain Policy: A Guide to Evaluation. The Pain & Policy Studies Group, University of Wisconsin Comprehensive Cancer Center. Madison, WI.

^v Pain Research and Management, Autumn 2003, Volume 8, Number 3: 157-163

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